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**TO: Assistant Commissioner of Patents  
United States Patent and Trademark Office  
Attn: Examiner Blessing M. Fubara  
Fax No. (703) 305-3592  
Phone No. (703) 308-8374**

**APR 08 2002****GROUP 1600****OFFICIAL**

*I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on April 5, 2002, at the above-identified facsimile number.*

  
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**FROM: John M. Howell  
Fax No. (513) 626-1355  
Phone No. (513) 626-3792**

Listed below are the item(s) being submitted with this Certificate of Transmission:

- 1) Change of Correspondence Address;
- 2) Petition for 1-month Extension of Time, and one copy for authorization to charge fee to Deposit Account
- 3) Transmittal for Amendment;
- 4) Amendment/Response (4 pages)

**Number of Pages Including this Page: 9**

**Inventor(s):** Bell et al.  
**S.N.:** 09/890,921  
**Filed:** 8/07/2001  
**Conf. No.:** 1887  
**Case:** CM2038

**Comments:**

**IN THE UNITED STATES PATENT & TRADEMARK OFFICE  
RESPONSE/AMENDMENT**

Case Docket No. CM2038

**Certification of Facsimile Transmission**

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John M. Howell

33,713

Signature

Assistant Commissioner for Patents  
Washington, D.C. 20231

Dear Sir:

Transmitted herewith is an AMENDMENT for the patent application:

Inventor(s): Bell et al.

Confirmation No. 1887

Serial No.: 09/890,921

Group Art Unit: 1615

Date Filed: 8/07/2001

Examiner: Blessing M. Fubara

Title: Leave-On Cosmetic Compositions Containing A Cationic Polymer

1. ☒ No additional fee is known to be required.
2. ☐ The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA*	RATE	FEE
TOTAL	* 16	MINUS	** 16	=	x \$18 =	\$
INDEP.	* 01	MINUS	*** 01	=	x \$84 =	\$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$280 =	\$
					TOTAL	\$

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

3. The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-2480. A duplicate copy of this sheet is attached.
  - a. ☒ Any patent application processing fees under 37 CFR §1.16.
  - b. ☒ Any patent application processing fees under 37 CFR §1.17.
4. The Commissioner is hereby authorized to make any additional copies of this sheet needed to accomplish the purposes provided for herein and to charge any fee for such copies to Deposit Account No. 16-2480.

*John M. Howell*  
John M. Howell  
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April 5, 2002

Customer No. 27752